



## Complete Summary

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### TITLE

Acute stroke care: percentage of stroke patients with documented evidence of swallow screen conducted prior to documented evidence of food or fluid intake during audit period.

### SOURCE(S)

National Stroke Foundation. Acute stroke services framework 2008. Melbourne VIC: National Stroke Foundation; 2008. 37 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of stroke patients with documented evidence of swallow screen conducted prior to documented evidence of food or fluid intake during audit period.

### RATIONALE

The incidence of dysphagia is common (27–50%) in acute stroke and is associated with an increased risk of complications, such as aspiration pneumonia, dehydration and malnutrition. Prompt screening, accurate assessment and early management are therefore needed to prevent these complications and promote recovery of functional swallow.

### PRIMARY CLINICAL COMPONENT

Acute stroke; dysphagia; swallow screen

## **DENOMINATOR DESCRIPTION**

All stroke patients (International Classification of Diseases, Tenth Revision [ICD-10] code) admitted to hospital during audit period

## **NUMERATOR DESCRIPTION**

Number of stroke patients (International Classification of Diseases, Tenth Revision [ICD-10] 10 code) with documented evidence of swallow screen conducted prior to documented evidence of food or fluid intake during audit period (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [Organisation of services. In: Clinical guidelines for acute stroke management.](#)
- [Pre-hospital care. In: Clinical guidelines for acute stroke management.](#)
- [Early assessment and diagnosis. In: Clinical guidelines for acute stroke management.](#)
- [Acute medical and surgical management. In: Clinical guidelines for acute stroke management.](#)
- [Assessment and management of the consequences of stroke. In: Clinical guidelines for acute stroke management.](#)
- [Prevention and management of complications. In: Clinical guidelines for acute stroke management.](#)
- [Secondary prevention. In: Clinical guidelines for acute stroke management.](#)
- [Discharge planning, transfer of care and integrated community care. In: Clinical guidelines for acute stroke management.](#)

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Overall poor quality for the performance measured

### **EVIDENCE SUPPORTING NEED FOR THE MEASURE**

National Stroke Foundation. National stroke audit - clinical audit report. Melbourne VIC: National Stroke Foundation; 2007.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Hospitals

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Nurses  
Physicians  
Speech-Language Pathologists

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Unspecified

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

The incidence of dysphagia is common (27-50%) in acute stroke and is associated with an increased risk of complications, such as aspiration pneumonia, dehydration and malnutrition.

## **EVIDENCE FOR INCIDENCE/PREVALENCE**

Carnaby G, Hankey GJ, Pizzi J. Behavioural intervention for dysphagia in acute stroke: a randomised controlled trial. Lancet Neurol 2006 Jan;5(1):31-7. [PubMed](#)

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

## **BURDEN OF ILLNESS**

Stroke is Australia's second single greatest killer after coronary heart disease and a leading cause of disability.

See also the "Incidence/Prevalence" field.

## **EVIDENCE FOR BURDEN OF ILLNESS**

Australian Institute of Health and Welfare (AIHW). Australia's health 2006. Canberra ACT: Australian Institute of Health and Welfare (AIHW); 2006. 528 p.

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

## **Institute of Medicine National Healthcare Quality Report Categories**

### **IOM CARE NEED**

Getting Better

### **IOM DOMAIN**

Effectiveness  
Safety

## **Data Collection for the Measure**

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

Stroke patients admitted to hospital during audit period

## **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All stroke patients (International Classification of Diseases, Tenth Revision [ICD-10] code) admitted to hospital during audit period

### **Exclusions**

Unspecified

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Institutionalization

## **DENOMINATOR TIME WINDOW**

Time window brackets index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Number of stroke patients (International Classification of Diseases, Tenth Revision [ICD-10] 10 code) with documented evidence of swallow screen\* conducted prior to documented evidence of food or fluid intake during audit period

\*'Swallow screen' involves:

- A screening of swallowing undertaken by a trained health professional who is deemed competent at the task by a speech pathologist.
- Swallowing is screened using a validated screening instrument.
- Documentation of the outcome of the screening i.e., a description of whether or not the patient failed the screening.
- Documentation of the action required following the outcome of the screening i.e., if failed screen then referral to speech pathologist for formal assessment and remain 'nil orally'.

**Note:** Compliance requires documented evidence of a response to each of the elements:

- Validated instrument used
- Outcome of the screening recorded
- Action required following the outcome of the screening recorded
- Timeframe when screened
- Timeframe when/if provided food or fluid

Patients that have an impaired level of consciousness or are designated as requiring palliative care are considered to have an impaired swallow and compliance with this indicator is deemed to have occurred if there is "Documentation of the action required following the outcome of the assessment".

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Encounter or point in time

**DATA SOURCE**

Administrative data  
Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Swallow screened before given food or drink.

### MEASURE COLLECTION

[Performance Indicators for Acute Stroke](#)

### DEVELOPER

National Stroke Foundation (Australia)

### FUNDING SOURCE(S)

National Stroke Foundation (Australia)

### COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Stroke Audit Advisory Committee (2007) involving 18 people with expertise in clinical care, policy, administration and methodology. Consumer input was also included.

### FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2002 Jan

### REVISION DATE

2008 Jan

### MEASURE STATUS

This is the current release of the measure.

## **SOURCE(S)**

National Stroke Foundation. Acute stroke services framework 2008. Melbourne VIC: National Stroke Foundation; 2008. 37 p.

## **MEASURE AVAILABILITY**

The individual measure, "Swallow Screened Before Given Food or Drink," is published in "Acute Stroke Services Framework 2008." This document is available in Portable Document Format (PDF) at the [National Stroke Foundation Web site](#).

For more information, contact the National Stroke Foundation at Level 7, 461 Bourke Street, Melbourne VIC 3000; Phone: (03) 9670 1000; Web site: [www.strokefoundation.com.au](http://www.strokefoundation.com.au).

## **COMPANION DOCUMENTS**

The following is available:

- National Stroke Foundation. Acute stroke services framework summary. Melbourne VIC: National Stroke Foundation, 2008. 6 p. This document is available in Portable Document Format (PDF) at the [National Stroke Foundation Web site](#).

For more information, contact the National Stroke Foundation at Level 7, 461 Bourke Street, Melbourne VIC 3000; Phone: (03) 9670 1000; Web site: [www.strokefoundation.com.au](http://www.strokefoundation.com.au).

## **NQMC STATUS**

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